



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

688 BROADWAY
3 copies

Signed under the pains and penalties of perjury, this 25 day of NOV, 20 11.

Kelly A Como
Signature

KELLY A COMO
Print Name





CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES
APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 125.⁰⁰
DATE REC'D: 10/9/09
ACCEPTED BY: JD
DATE ISSUED: 10/9/09
DATE DENIED:
PERMIT NO: BP-09-4935

1. LOCATION OF PROPERTY (NO. AND STREET)		688 Broadway		MAP 27 BLOCK J LOT 1	
2. NAME AND ADDRESS OF PROPERTY OWNER					
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER					
REGISTRATION NUMBER		TELEPHONE			
N/A					
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		TELEPHONE: 617-623-2838			
CRUIS MURPHY		21 McErath Highway			
CONST. SUPER. LIC. NO. 97105		H.I.C. REG. NO.		SIGNATURE (REQ'D)	
5. ZONING DIST. NB		TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY			
6. WARD 5		<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER			
7. CURRENT USE(S) Restaurant		PROPOSED USE(S) Restaurant			
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP			
N/A		B			
9. ESTIMATED CONSTRUCTION COST 7,400.00					
10. WHAT IS THE CONSTRUCTION TYPE?		PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
5-B					
11. LOT DIMENSIONS		AREA		FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE	
12. PROPOSED SETBACKS		FRONT YARD REAR YARD		RIGHT SIDE LEFT SIDE	
13. HEIGHT OF STRUCTURE (FT.)		TOTAL SQUARE FOOTAGE		NUMBER OF STORIES	
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER					
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE					
16. WASTE DISPOSAL COMPANY N/A DISPOSAL SITE ADDRESS					
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO					

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Install 2'HX15'4x2.5P A... - See spec sheet
Install 2'HX15'4 LED Channel Letters - See spec sheet

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input checked="" type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Charles Murphy - Agent
Signature of Owner or Authorized Agent

Charles Murphy
Print name clearly

21 McErath Highway
Street

Somerville, MA 02143
City State Zip

617-623-2838
Phone number where you can be reached day

APPROVED

Inspector's Name and Title

**** Building Permit issued pursuant to Massachusetts Building Code Requirements ****

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

CR # 808 \$600.00 BLANK
FOR OFFICE USE ONLY
FEE: 2400.00
DATE REC'D: 4-24-07
ACCEPTED BY: PTH
DATE ISSUED: 5-29-07
DATE DENIED:
PERMIT NO: BP#07-601

1. LOCATION OF PROPERTY (NO. AND STREET)		188 Broadway		MAP 27	BLOCK 1	LOT 2
2. NAME AND ADDRESS OF PROPERTY OWNER		Thomas J. Riello				
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER		Salim E. Nassif				
REGISTRATION NUMBER		36094		TELEPHONE		
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		Thomas P. Sullivan		TELEPHONE: 978-617-3045625		
CONST. SUPER. LIC. NO. 080343		H.I.C. REG. NO.		SIGNATURE (REQ'D) [Signature]		
5. ZONING DIST. CBD	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY					
6. WARD 5	<input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER					
7. CURRENT USE(S) Restaurant	PROPOSED USE(S) Restaurant					
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS	USE GROUP					
9. ESTIMATED CONSTRUCTION COST \$156,000.00	Based on Cost					
10. WHAT IS THE CONSTRUCTION TYPE?	PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE	
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE	
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE			NUMBER OF STORIES		
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER						
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE						
16. WASTE DISPOSAL COMPANY Waco Waste Disposal DISPOSAL SITE ADDRESS						
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

Replace front front with Insulated Safety Glazing
Repair all Roof Damage + Replace H.V.A.C. Unit
Replace Rear Exterior Metal Door (New + Damage)
Seal all fire damage with litz for color control
Tear out Subwall, Bathroom, Map Closet, Storage
partition + partition Partition
Wallboard all above with fire code wallboard + blocking
coat plaster + All fire walls 2 courses of Board
Installation of H.V.A.C. + Vent. Systems
All Electrical + Plumbing permits by others

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE.

